FMLA FORM - 6

FITNESS FOR DUTY CERTIFICATION

College

An employee on FMLA or Non-FMLA Medical Leave of Absence because of his/her own serious medical condition must present this certification to the Human Resources Department prior to or on the day he/she returns to work.

Supervisors are advised to forward any forms submitted directly to them to the Human Resources Department.

An employee may not work without this certification. If you are on unpaid leave, Human Resources will place you back on the payroll ONLY upon receipt of this form.

Employee Information:

Name Empl. ID

Contract Title Department

Contact information while on leave Home Phone Cell Phone Email

To: Health Care Provider

The employee noted above began a period of medical care leave for his /her own serious health condition on Date

As a condition to return to work, the employee must have a health care provider certify that the employee is medically fit to resume his/her job duties.

Date employee may return to work

☐ Employee may return to work with full, unrestricted duty

☐ Employee may return to work with modified duty Explain

If the employee is being released to modified duty, please complete the following:

Estimated date when employee will be able to return to full, unrestricted duty

Date of next medical evaluation of the employee

HEALTH CARE PROVIDER'S CERTIFICATION

I certify that the above facts are true and correct.

Signature Date

Print Name Phone Number

Address

City State Zip Code

Type of Practice License Number

RECEIVED BY (This form must be signed by the Director of Human Resources or Designee)

Signature Date